

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 26 2017

RE STATE

P	LEASE PRINT			NEW HAMPSHIP
I. Name of Lobbyist(s)	JAMES POTTE	L, VALE	RIE ACRES	DEPARTMENT OF S
II. Name of lobbyist's	partnership, firm or corpo	ration, if any:		
NH ME	DICAC SICIE c of partnership, firm or corpora	T/		
Business Address: (Street	H STATE ST. (To	Crncoks own/City)	NH 03381	(Zip Code)
(63) 224-190 (Telephone)	19 (63_2	726-2432 (Fax)	e-mail Jakes. Po Valeric. AC	TTELC nhus. o
	vers: (Choose one – file sep: ansactions which are not at		th client, OR you may file a sectiont).	scparate report for
☐ All reportable trans	actions occurring in the mon	ths prior to the report	ing date relative to the followi	ng client:
	(Full Name of Client as it appe	ars on the Lobbyist Reg	istration Form)	
<u>OR</u>				
All reportable transs unrelated to any particu		ding the lobbyist's fa	mily), or the labbying firm list	ed below which are
IV. Date of Report	April 26, 2017	j	fuly 26, 2017 🔲	
Reports cover: activit	ty from date of registration to 3,		from 4/1/17 to 6/30/17	
a	October 25, 2017 activity from 7/1/17 to 9/30/17		Ianuary 24, 2018 □ ofrom 10/1/17 to 12/31/17	
			tions made since the last t ry of State's Office, State Hou	
VI. Check if additions	al reports are attached:			
☐ If you have receive	d fees or made expenditures,	, you must file Adder	idum A-Fecs and Expenses	
☐ If you have paid an Expense Reimbursemen		expenses, you must fil	e Addendum B- Report of H	onorariums or
☐ If you, your firm, o	r your family has made polit	tical contributions, yo	u must fil e Addendum C – Po	litical Contributions
Sworn Statement/Affi I have read RSA 15, RS and complete to the bes (Signature of lobbyist)	SA 5-B, RSA 14-C and RSA of my knowledge and bolic	ef.	ear or affirm that the foregoing 4-26-17 (Date)	; information is true
(Print Name of lobbyis				

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) JAKES FOTTER VALER	HE HORE'S
II. Name of lobbyist's partnership, firm or corporation, if any:	
(Name of partnership, firm or corporation)	
III. Name of Client	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The gr reduced by any expenses:	t relations, or public relations service
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	
c) Total of all fees received to date (Add lines a and b)	c) \$
 d) Indicate the amount of any such fees that are duc, but have not yet been paid 	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refeces. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office of individual expenses where the expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this repeating purpose not covered by (a) (for example: purchase of a meal with value restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made may be filed for the lobbyist(s)/fir e aggregate total of all expenses pa expenses; (b) the aggregate total of ele: meals purchased during a busine ess than \$10 that is given to the perse ed with a value of \$25.00 or less); a orting period of greater than \$25.00 ue of greater than \$25, purchase of er than \$25, but not greater than \$25, expense reimbursement, or political
 a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. b) Total aggregate of expenditures during this reporting period, not reported 	a)\$ 31,44Z,34
in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	4)5 31,44234
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	ns 31,442,34
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from le period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$

Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
(Signature of lobbyist)	<u>Y-Z6-17</u> (Date)
THUES POTTER VALERIE ACKES (Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corp	poration: NH HEDIC	ALSOCIETY	
Name of Client (leave blank if Statement is			any
particular client):			_
Date of Report (check one):			
April 27, 2016 🖸 July 27, 2016 🗆	October 27, 2016 🗆	January 25, 2017 🗆	
I have read RSA 15, RSA 15-B, RSA 664, the following Addendums submitted with the submitted:			
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm that the foregoing is complete to the best of my knowledge and be	nformation on the Statemer elief.	nt and each Addendum is true a	ınd
Son Steller		4-26-17	
(Signature of lobbyist)		<u>4- 26 - 17</u> (Date)	
(Print Name of lobbyist)			

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying par	tnership, firm, or corpo	oration: <u>NHHEDI</u>	CAC SOCIETY	
•	blank if Statement is fo	•	corporation and not related	to any
Date of Report (check	one):			
April 27, 2016 □	July 27, 2016 🗆	October 27, 2016 🗆	January 25, 2017 □	
			nd Expenses described abov umber of Addendum forms	
Addendum A(i).			
Addendum B(s	s).			
Addendum C(s	s).			
I hereby swear or affir complete to the best of			nt and each Addendum is tr	ue and
Valnil.	Jan-		4-26-17	
(Signature of lobbyist)			Y-26-17 (Date)	
UNLERIE	ACRES			
(Print Name of lobbyis	t)			